



University Community (faculty, staff, students)

SUBJECT (R*)	EFFECTIVE DATE (R*)	POLICY NUMBER (O*)
HIPAA PRIVACY: DISCLOSURES OF DE-IDENTIFIED INFORMATION	September 1, 2009	1640.040

POLICY STATEMENT (R*)

Florida International University may use or disclose de-identified Health Information without obtaining a patient’s authorization, including when an appropriate waiver is granted by an Institutional Review Board (IRB) in the case of human subjects research.

Health Information shall be considered de-identified only if one of the two de-identification procedures set forth in this policy is followed.

FIU may use health information to create de-identified health information or disclose health information to a Business Associate to create de-identified health information so long as FIU and the Business Associate execute a Business Associate agreement in accordance with The University’s HIPAA Privacy Business Associate Policy.

FIU may not use Protected Health Information to create de-identified Health Information for research purposes without obtaining a patient’s authorization or a waiver of authorization from the FIU Institutional Review Board (IRB) in accordance with the IRB’s policies.

REASON FOR POLICY (O*)

To ensure that the University community understands the process by which health information may be de-identified and the parameters of use for such information.

RELATED INFORMATION (O*)

HIPAA Privacy Rule, 45 CFR §§ 164.502(d), 164.512(i)(1)(i), 164.514(a)-(c), 46.102(d).

DEFINITIONS (R*)

“Business associate” means, with respect to a covered entity, a person or entity who:

- Assists (other than as a member of the covered entity’s workforce) in the performance of :
 1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing; or
 2. Any other function or activity regulated under the HIPAA regulations; or
 3. Provides, other than as a member of the covered entity’s workforce, the following types of services: legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, where the provision of such services involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

“Covered entity” means a health plan, health care clearinghouse, or health care provider who transmits health information in electronic form in connection with a health care transaction.

“Health care component” means a component or combination of components of a hybrid entity that has been specifically designated by the covered entity because it either performs covered functions; or activities that would make such component a business associate of a component that performs covered functions if the two components were separate legal entities.

“Individually identifiable health information” means information that is a subset of health information, including demographic

information collected from an individual, and:

- Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and
 1. That identifies the individual; or
 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

“Protected health information” or “PHI” means individually identifiable health information that is:

- Transmitted by electronic media;
- Maintained in electronic media;
- Transmitted or maintained in any other form or medium.
- Protected health information specifically excludes:
 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”);
 2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and
 3. Employment records held by a covered entity in its role as an employer.

“Secretary” means the Secretary of the U.S. Department of Health and Human Services.

“Transaction” means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions:

- Health care claims or equivalent encounter information.
- Health care payment and remittance advice.
- Coordination of benefits.
- Health care claim status.
- Enrollment and disenrollment in a health plan.
- Eligibility for a health plan.
- Health plan premium payments.
- Referral certification and authorization.
- First report of injury.
- Health claims attachment.

Other transactions that the Secretary of Health and Human Services may prescribe by regulation.

PROCEDURES (O*)

A. Health information is considered de-identified health information only if it complies with one of the following two de-identification procedures:

1. **Statistical Methods.** Health information is considered de-identified if a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - a. determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and
 - b. documents the methods and results of the analysis to justify such determination.
2. **Removal of Identifiers.** Health Information is considered de-identified if all eighteen (18) of the following identifiers of the patient or relatives, employers, or household members of the patient are removed and FIU does not have any actual knowledge that the information could be used alone or in combination with other information to identify a patient:
 - a. names.
 - b. geographic subdivisions smaller than a state (e.g., street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code, if according to the currently available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people. If such geographic units contain 20,000 people or less, then the initial three digits of the zip codes must be changed to 000 and thus treat them as a single geographic area.)

- c. all elements of dates, except year, directly related to an individual including birth date, admission date, discharge date, date of death; and for all ages over 89, all elements of date including year indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
- d. telephone numbers.
- e. fax numbers.
- f. electronic-mail addresses.
- g. social security numbers.
- h. medical record numbers.
- i. health plan beneficiary numbers.
- j. account numbers.
- k. certificate/license numbers.
- l. vehicle identifiers and serial numbers, including license plate numbers.
- m. device identifiers and serial numbers.
- n. Web Universal Resource Locators (URLs).
- o. Internet Protocol (IP) addresses numbers.
- p. biometric identifiers including finger and voice prints.
- q. full face photographic images and any comparable images.
- r. any other unique identifying number, characteristic or code, except as otherwise permitted for re-identification purposes in Section B below.

B. Re-identification

1. FIU may assign a code or other means of record identification to allow information de-identified under this policy to be re-identified by FIU, provided that:
 - a. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - b. FIU does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.
2. A code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified may not be disclosed except as provided above.
3. De-identified health information that has been re-identified may not be disclosed or used except as otherwise permitted under FIU's policies for disclosure and use of protected health information.

RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT (R*)

Division of Academic Affairs
Florida International University

RESPONSIBLE ADMINISTRATIVE OVERSIGHT (R*)

University Compliance Officer and
Interim Privacy Officer
University Compliance Office PC 429
11200 S.W. 8th Street
Miami, FL 33199
Telephone Number: (305) 348-2216

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For any questions or comments, the “Document Details” view for this policy online provides complete contact information.

***R = Required *O = Optional**